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ADVANCEMENT OF WOMEN

Letter dated 16 March 1995 from the Chargé d'affaires a.i of the Permanent Mission of Yugoslavia to the United Nations addressed to the Secretary-General

I have the honour to transmit herewith information on women's health in the Federal Republic of Yugoslavia and sanctions.

I should be grateful if you would have the present letter and its annex circulated as a document of the General Assembly, under item 109 of the provisional list, and brought to the attention of the Commission on the Status of Women at its thirty-ninth session.

(Signed) Dragomir DJOKIC
Ambassador
Chargé d'affaires a.i.

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ANNEX

Women's health in Yugoslavia and sanctions

International cooperation in the field of health is aimed at providing better living conditions for men and women regardless of social system and class affiliation, ensuring humane relations between nations, respect for human rights and accessibility of medical science, medical aid and its achievements to people all over the world.

Never before has a physician's work been more burdened with ethical problems and dilemmas as it is under the sanctions, imposing a blockade in all spheres of life.

The sanctions against Yugoslavia are reflected most painfully and most tragically in the field of health care. The sanctions have brought about an increase in the mortality rate from 3.5 per cent to 4.6 per cent and in the following diseases:

- infections in general;

- postoperative complications (sepsis, bronchial pneumonia, peritonitis, etc.);

- contagious diseases; in the period 1989-1993, the number of those who died from contagious diseases increased by 141 per cent;

- gastro-intestinal diseases, complications after abdominal operations, etc.;

- complications caused by insufficiently and inadequately treated diabetes and arterial hypertension;

- cardiovascular diseases; because of stress situations, myocardial infarctions now occur at the younger average age of 57, instead of 61 as in the past. It is not possible to prevent an increase in the number of patients suffering from myocardial infarctions because of the chronic shortages of drugs. The number of open-heart operations has been halved. Because of chronic stress, the number of patients suffering from arterial hypertension is increasing. The shortage of antibiotics has resulted in frequent infective endocarditis. Cases of rheumatic fever are registered ever more frequently. In Kosovo and Metohija alone, 1,000 new cases were recorded annually in the period 1991-1993, with the mortality rate of 10 per cent. This previously eradicated disease in Yugoslavia will bring about new cases of mitral stenosis and other acquired heart defects;

- tuberculosis is in the ascendant and the full scope of the disease will manifest itself only later. This is explained by the fall in the standard of living, inadequate diet, lack of vaccinations and cases imported by refugees;

- miscarriages and abortions, risky pregnancies and stillborn babies, accounting for the fall in the birth rate;

- perinatal morbidity is reflected in an increased number of cases of genetic heart defects and defects of other organs;

- malnutrition and anaemia because of inadequate diet, which affects pregnant women and nursing mothers in particular;

- alcoholism;

- sexual diseases and AIDS;

- psychosomatic diseases;

- anxiety and reactive deviations in behaviour;

- psychotraumas, including the cases of raped men and women refugees who found shelter in the Federal Republic of Yugoslavia;

- depressive states;

- mange and lice infection;

- the mortality rate among persons suffering from malignant diseases has increased because of the lack of cytostatics.

The said diseases have affected in particular the most vulnerable categories of the population: children, women and the old.

In the Federal Republic of Yugoslavia, the health protection service for women provides out-patient health care for women over 15 years of age. In 1993, it had 399 units, 6.6 per cent less than in 1992 when there were 427 units.

In 1993, 1,689 health workers, 599 physicians and 1,090 nurses and other workers provided health care. Compared to 1992, when there were 803 physicians, this number has been reduced by 0.7 per cent. Of the overall number of physicians, 521 were specialists, 69 were enrolled in specialization courses and 9 were general practitioners.

In 1993, the overall number of visits to physicians stood at 3,123,000, 10.7 per cent less than in 1986 (4,823,000).

In the period 1992-1993, the number of visits by pregnant women to medical centres fell from 153,000 in 1992 to 131,000 in 1993, or by 14.4 per cent.

In the same period, the number of visits to family planning centres fell from 124,000 in 1992 to 94,000 in 1993, or by 24.4 per cent. Compared to 1986 (191,000), it fell by 50.8 per cent. This means that in 1993 only 10 per cent of women capable of having children were covered by the work of family planning centres.

According to the analysis available at the Federal Health Protection Administration, the health protection service for women has identified 970,000 diseases, conditions and injuries, or 6.5 per cent of the overall number of diseases, conditions and injuries. The following five most frequent groups of diseases, conditions and injuries of women have been identified:

1. Genito-urinary system diseases - 727,110 (74.9 per cent);

2. Complications during pregnancy, childbirth and puerperium - 116,446 (12 per cent);

3. Infective and parasitic diseases - 79,534 (8.2 per cent);

4. Neoplasm - 26,109 (2.7 per cent);

5. Endocrinal diseases, dietary, metabolism and immunity diseases - 16,479 (1.7 per cent).

The said diseases are a direct consequence of irregular medical examination and treatment of women (reduced coverage and preventive and curative examinations in out-patient medical centres), shortage of medicine, shorter hospitalization, reduced possibilities for timely laboratory, X-ray and other diagnosis under the sanctions.

Of particular concern is an increase in the number of diseases and conditions related to complications during pregnancy, childbirth and puerperium. One of the most tragic consequences of these diseases is an increase of the infant mortality rate from 41.3 per cent in 1990 to 49.3 per cent in 1992. Furthermore, the data from all gynaecological and obstetric centres in Yugoslavia indicate that an ever greater number of pregnant women are threatened by miscarriage, anaemia, premature childbirth (in 1993, the number of prematurely born children increased by 8.45 per cent compared to 7 per cent in the previous period), foetus defects, Caesarian section (in the period before the sanctions, Caesarian section accounted for between 7 per cent and 8.2 per cent of births, while in 1992 that percentage stood at 10.6), etc.

The preventive early diagnosis of breast and genital malignant diseases of women has been reduced while the mortality rate of women suffering from neoplasm has increased. The higher mortality rate among women is explained by the increase in breast cancer, occurring primarily because of the chronic shortage of spare parts for diagnostic and therapeutic instruments and the lack of medicine (cytostatics, analgesics, antibiotics). In the period between May 1992 and June 1993, over 2,600 women patients died of cancer.

The problem of miscarriage is of great social and medical importance for the health of women. The number of miscarriages has increased because of stress. Furthermore, the number of abortions is also great (145,000 in 1993) because of insufficient financial means. Even more tragic is the fact that the number of illegal abortions has increased for the first time, because an ever smaller number of women can afford the abortion costs in legal medical institutions. Illegal abortions affect the health situation of women and reduce

their reproductive functions. Thus, the fertility rate of women - 3.37 per cent in 1980 - fell to 2.08 per cent in 1992.

In addition to the said five groups of diseases, AIDS is on the increase among women in the Federal Republic of Yugoslavia, caused by the social and economic situation, population migrations, increase in drug addiction, alcoholism, prostitution, shortage of specific prevention items and effective drugs.

By imposing sanctions against the Federal Republic of Yugoslavia in the field of health, the international community has trampled upon the best traditions of medicine and the provisions of international humanitarian law, particularly the 1989 World Health Organization resolution explicitly prohibiting the embargo on medical supplies for political reasons.

The sanctions will be lifted one day, but they will inevitably leave visible traces on, and have disastrous long-term consequences for, the health of people, women and children in the Federal Republic of Yugoslavia.

In view of the importance of the rights of women, particularly to life and health, the Government of the Federal Republic of Yugoslavia considers that the issue of the disastrous effects of sanctions on the position of women, not only in the Federal Republic of Yugoslavia but also in other countries affected by sanctions, should be reflected in the forthcoming preparations for the Fourth World Conference on Women within the Commission on the Status of Women as well as at the Conference itself. The Commission on the Status of Women should decide that violations of basic rights and freedoms of women, provided for by international human rights instruments, by the imposition of sanctions for narrow political reasons are unacceptable. Sanctions also constitute an outright threat to the exercise of the rights provided for by the Convention on the Elimination of All Forms of Discrimination against Women.